

<i>SERFF Tracking Number:</i>	<i>UNNC-126033885</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Central Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41591</i>
<i>Company Tracking Number:</i>	<i>UN 0287 AB</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Foreign Travel Questionnaire</i>		
<i>Project Name/Number:</i>	<i>Foreign Travel Questionnaire/UN 0287 AB</i>		

## Filing at a Glance

Company: The Union Central Life Insurance Company

Product Name: Foreign Travel Questionnaire	SERFF Tr Num: UNNC-126033885	State: Arkansas
TOI: L09I Individual Life - Flexible Premium	SERFF Status: Closed-Approved-	State Tr Num: 41591
Adjustable Life	Closed	
Sub-TOI: L09I.001 Single Life	Co Tr Num: UN 0287 AB	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Bobbie Cramer, Joanne Friend, Jenny Andrus	Disposition Date: 02/19/2009
	Date Submitted: 02/18/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: Foreign Travel Questionnaire	Status of Filing in Domicile: Pending
Project Number: UN 0287 AB	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/19/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/19/2009
Deemer Date:	Created By: Jenny Andrus
Submitted By: Jenny Andrus	Corresponding Filing Tracking Number:
Filing Description:	
The Union Central Life Insurance Co. NAIC # 0943-80837	
Acacia Life Insurance Company NAIC # 0943-60038	
Ameritas Life Insurance Corp. NAIC # 0943-61301	

Submission Form Identification: UN 0287 AB – Foreign Travel Questionnaire

Designation of form as Individual or Group Market: Individual

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Enclosed for your review and approval is UN 0287 AB, our Foreign Travel Questionnaire Amendment of Application form. We are updating and revising the format of this form for a multi-company approach. This form will be used by the three UNIFI companies of Acacia Life Insurance Company, Ameritas Life Insurance Corporation, and The Union Central Life Insurance Company for all individual life and disability income products for Union Central Life.

For Union Central, UN 0287 AB will replace UC 0287 AB which was approved by your department between 03/30/1987 and 03/04/1988. This form does not replace any forms for Acacia Life or Ameritas Life.

This form will be used if the applicant answers "Yes" to the foreign travel question on UN 2550 LQ which is a component of our base application. The client will be asked to check a box on the first page of the form to indicate the Company for which they are completing the form. UN 0287 AB will always be used in conjunction with our previously approved base application, UN 2550 PI-A, et al.

The flesch score is 70.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

## Company and Contact

### Filing Contact Information

Jenny Andrus, Contract Analyst	jandrus@unioncentral.com
1876 Waycross Road	513-595-2984 [Phone] 52984 [Ext]
Cincinnati, OH 45240	513-595-2918 [FAX]

### Filing Company Information

The Union Central Life Insurance Company	CoCode: 80837	State of Domicile: Ohio
1876 Waycross Road	Group Code: 943	Company Type:
PO Box 40888	Group Name:	State ID Number:
Cincinnati, OH 45240	FEIN Number: 31-0472910	
(513) 595-2339 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No

*SERFF Tracking Number:* UNNC-126033885      *State:* Arkansas  
*Filing Company:* The Union Central Life Insurance Company      *State Tracking Number:* 41591  
*Company Tracking Number:* UN 0287 AB  
*TOI:* L09I Individual Life - Flexible Premium      *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* Foreign Travel Questionnaire  
*Project Name/Number:* Foreign Travel Questionnaire/UN 0287 AB  
**Fee Explanation:**  
**Per Company:** No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Central Life Insurance Company	\$20.00	02/18/2009	25805074

<i>SERFF Tracking Number:</i>	<i>UNNC-126033885</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
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<i>Product Name:</i>	<i>Foreign Travel Questionnaire</i>		
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	02/19/2009	02/19/2009

<i>SERFF Tracking Number:</i>	<i>UNNC-126033885</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 02/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNNC-126033885	State:	Arkansas
Filing Company:	The Union Central Life Insurance Company	State Tracking Number:	41591
Company Tracking Number:	UN 0287 AB		
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	Foreign Travel Questionnaire		
Project Name/Number:	Foreign Travel Questionnaire/UN 0287 AB		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Reg 49 Certification		Yes
Supporting Document	Universal Readability Certification		Yes
Form	Foreign Travel Questionnaire		Yes

SERFF Tracking Number: UNNC-126033885 State: Arkansas

Filing Company: The Union Central Life Insurance Company State Tracking Number: 41591

Company Tracking Number: UN 0287 AB

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: Foreign Travel Questionnaire

Project Name/Number: Foreign Travel Questionnaire/UN 0287 AB

## Form Schedule

### Lead Form Number: UN 0287 AB

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UN 0287 AB	Application/ Foreign Travel Enrollment Questionnaire Form	Initial		70.000	UN 0287 AB Std.pdf

**CHECK ALL COMPANIES THAT APPLY:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Acacia Life Insurance Company</b><br>P.O. Box 81889, Lincoln, NE 68501<br>800-745-1112 Fax 402-467-7335<br>(Client Service Department) | <input type="checkbox"/> <b>Ameritas Life Insurance Corp.</b><br>P.O. Box 81889, Lincoln, NE 68501<br>800-745-1112 Fax 402-467-7335 | <input type="checkbox"/> <b>The Union Central Life Insurance Company</b><br>P.O. Box 40888, Cincinnati, OH 45240<br>800-319-6901, Fax 513-595-2352 |
|--|---|--|
- 

I hereby amend my application for insurance made to the Company checked above on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, in the following details. This amendment is to be deemed a part of said application as fully as though originally incorporated therein.

1. What is your citizenship status?

Answer:

2. In what countries do you intend to reside or travel?

Answer:

3. Give full particulars and names of cities where you expect to travel or live.

Answer:

4. How long do you intend to stay?

Answer:

5. How often will you make such trips?

Answer:

Dated at: \_\_\_\_\_, Day \_\_\_\_\_, Month \_\_\_\_\_, Year \_\_\_\_\_

Witness: \_\_\_\_\_

Producer

Proposed Insured

\_\_\_\_\_  
Applicant (if other than the Proposed Insured)



SERFF Tracking Number:	UNNC-126033885	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Foreign Travel Questionnaire		
Project Name/Number:	Foreign Travel Questionnaire/UN 0287 AB		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Reg 19 Certification is attached. <b>Attachment:</b> Reg 19 CERTIFICATION _UCL_.pdf		
<b>Satisfied - Item:</b> Application <b>Comments:</b> Not Applicable		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>		
<b>Satisfied - Item:</b> Reg 49 Certification <b>Comments:</b> Reg 49 Certification is attached.		

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**Attachment:**

Reg 49 CERTIFICATION\_UCL\_.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Universal Readability Certification

**Comments:**

A Universal Readability Certification is attached.

**Attachment:**

UNIV READABILITY CERT.pdf

**Reg 19 CERTIFICATION**  
**Arkansas**

I, Elizabeth F. Martini, an officer for The Union Central Life Insurance Company, hereby certify that we have reviewed Rule and Regulation 19 and that we meet the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in cursive script that reads "Elizabeth F. Martini".

Elizabeth F. Martini  
Vice President & General Counsel

February 18, 2009  
Date

**Reg 49 CERTIFICATION**  
**Arkansas**

I, Elizabeth F. Martini, an officer for The Union Central Life Insurance Company hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that we are in compliance regarding Life and Health Insurance Guaranty Association Notices.

I also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that we are in compliance.



Elizabeth F. Martini  
Vice President & General Counsel

February 18, 2009  
Date

***Reg. Section 6 DI: Method of Disclosure of Required Information***

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

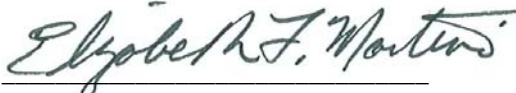
***Reg. Section 6 Life: Valuation***

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

### READABILITY CERTIFICATION

I, Elizabeth F. Martini, an officer of The Union Central Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
UN 0287 AB	Foreign Travel Questionnaire	70



**Elizabeth F. Martini**  
**Vice President & Managing Attorney**

02/18/09

I, Robert G. Lange, an officer of Acacia Life Insurance Company, and Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
UN 0287 AB	Foreign Travel Questionnaire	70



**Robert G. Lange**  
**Vice President, General Counsel and Assistant Secretary**

02/18/09